BHI Quality Improvement Plan for FY14

Project Title	Goal(s)	Action(s)	Target Date			
Member Population						
Penetration Rates	Increase overall penetration rate by 2% from 11.28%.	Continue to assess penetration rates by age, race, and eligibility type to better target interventions	6/30/14			
	·	Use Geo-Coding project to better target interventions				
Network Adequacy						
Network Adequacy – Ensuring Availability	Meet the geographical needs of members by assuring provider availability	Continue to assess provider network availability against BHI standards and respond to the needs of the ever-growing Medicaid population.	6/30/14			
Network Adequacy – Cultural Needs and Preferences	Meet the cultural, ethnic, and linguistic needs of members by assuring diverse provider network	Develop a mechanism to identify cultural and linguistic makeup of provider network to assess whether they meet members' language needs and cultural preferences. Take action if network does not meet members' language needs and cultural preferences.	1/1/14			
	Access to Services					
Access to routine, urgent, and emergency services	Provide access to covered services as indicated in the Medicaid standards for access to care	Increase provider education about access to care standards Increase frequency of secret shopper calls to CPN providers Educate members about definitions of routine, urgent, and emergent appointments and the associated standards	1/1/14			
Access to medication evaluations	Provide access to medication evaluations within 30 days of client request for service	Assist providers in barrier analyses to identify opportunities to improve access to medication evaluations.	6/30/14			
Focal point of behavioral health services	Continue to perform at or above the statewide average for this performance indicator.	Continue to monitor clients' accessibility to services	6/30/14			
	Comp	liance Monitoring				
External Quality Review Organization (EQRO) audit	Continue to score at or above the previous year's performance	Participate in annual, external independent reviews of the quality of services covered under the Medicaid contract Coordinate with HSAG (Health Services Advisory Group) to comply with review activities conducted in accordance with federal EQR regulations 42 C.F.R. Part 438 and the CMS mandatory activity protocols	6/30/14			
Performance Improvement Projects and Focused Studies	Develop research projects designed to improve the quality of client care	Participate in the HCPF statewide Performance Improvement Project (PIP) and meet all requirements.	6/30/14			
Substance Use Disorder (SUD) Services	Provide SUD services in a manner consistent with other behavioral health services	Develop methods for incorporating SUD services into current performance indicators (Access to Care, Network Adequacy, Member Satisfaction, Provider Audits, etc.)	4/1/14			
Encounter Data Validation (411) Audit	Improve provider claims review to a compliance score of 80% or higher	Continuing to train providers on proper billing and documentation practices	6/30/14			
	Maintain or improve inter- rater reliability with HSAG	Continuing to train audit team on the USCS Manual				

Project Title	Goal(s)	Action(s)	Target Date
	Compliance	Monitoring (continued)	
Delegation Oversight	Re-design Utilization Management department in order to manage all service authorizations 24 hours per day, 7 days per week	Transition the remaining delegated authorizations from the CMHCs back to BHI without interrupting client care Train all relevant service providers on authorization changes	10/1/13
	Oversee the quality of activities delegated to any subcontractor	Continue to monitor the activities delegated to Colorado Access as our Administrative Service Organization through Delegation Oversight Audits	6/30/14
Provider claim/record audits	Improve provider documentation and reduce incidence of waste and abuse	Continue to develop the audit process and educate providers about compliance requirements Initiate a minimum of 10 provider audits	6/30/14
	in billing practices	ormance Measures	
Reducing Cost of Care	Continue to perform at or above the statewide BHO average for performance measures.	Continue to measure performance indicators quarterly to monitor for patterns and trends across services	6/30/14
		Continue to monitor specific member utilization for targeted member interventions Continue to develop peer specialist program to assist	
		in targeted member interventions	
Member Health and Safety	Perform at or above the statewide BHO average for performance measures.	Assess need for quarterly calculation of performance measures to better target interventions.	1/1/14
Coordination of Care – Follow-up after hospital discharge	Provide 90% of outpatient appointments within 7 days after hospital discharge Provide 95% of outpatient appointments within 30 days of hospital discharge	BHI will continue to monitor this measure quarterly and implement targeted interventions	6/30/14
Coordination of Care – Improving physical healthcare access	Continue to improve coordination of care	Continue to develop the Care Management Program	6/30/14
	Improve measurement of coordination of care	Develop Quarterly Performance Measure to identify the percentage of members receiving services who are linked with a PCP	1/1/14
Improving Member Functioning	Continue to measure and monitor performance	Cooperate with HCPF on the calculation of performance measures	6/30/14
Information Systems Capabilities Assessment Tool (ISCAT) audit	Continue to achieve 100% compliance on the audit	Continue to monitor and assess each aspect of the performance measure calculation process and adjusting accordingly	6/30/14
	Clinical Practice Guide	elines and Evidence-Based Practices	
Clinical Practice Guidelines	Develop and implement practice guidelines to meet the clinical needs of members and improve consistency across providers	Develop or adopt practice guidelines based on valid and reliable clinical evidence or a consensus of health care professionals Review all current practice guidelines every 2 years (or as necessary)	6/30/14
Compliance with Clinical Practice Guidelines	Monitor providers' compliance with BHI	Revise the EMDR practice guideline to reflect current evidence-based practices and distribute to all EMDR providers	9/1/13
	clinical practice guidelines	Continue to monitor compliance with at least two aspects of at least two clinical practice guidelines	6/30/14

Project Title	Goal(s)	Action(s)	Target Date			
Clinical Practice Guidelines and Evidence-Based Practices (continued)						
Atypical Antipsychotics and Monitoring for Metabolic Side Effects	Meet all HCPF/HSAG requirements and deadlines for Performance Improvement Projects	Coordinate with HSAG to ensure that projects are designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and services while showing confidence in the reported improvements	6/30/14			
	Increase performance on Measures 1 and 2 by 5% in Re-Measurement period 1	Educate prescribers and members about the importance of lab testing and monitoring of metabolic side effects				
	Increase performance on Measures 1a and 2a by 10% in Re-Measurement period 1	Work with IT and medical support staff to improve communication and documentation of lab results and follow up				
Evidence-based and Promising Practices	Provide optimal care for members using well- researched clinical practice	Implement several additional measurements/metrics associated with the above evidence-based practices, to both measure outcomes of these practices and increase fidelity to the various models of treatment.	6/30/14			
BEST Program	Move the BEST program towards an evidence-based practice model	Publish and implement the fourth edition of the BEST program in FY14 Gather more comprehensive data on treatment outcomes Recruit and train new facilitators in the fourth edition, thereby increasing the number of members with access to the BEST program	6/30/14			
	Member and Fam	ily Input into the QI Program				
Member Satisfaction Surveys	Continue to monitor and improve member satisfaction with services	Conduct MHCA satisfaction survey on active members Increase return rate of MCHA surveys by 10% Support OBH in the MHSIP survey process and incorporate survey data into any interventions designed to improve member satisfaction.	6/30/14			
		Meet or exceed satisfaction results from FY13				
Grievances and Appeals	Ensure that clients and interested others have a means of providing ongoing feedback to the BHI system	Continue to collect and analyze grievance and appeal data through the quarterly Performance Report Card and implement interventions if patterns or trends emerge.	6/30/14			
Quality of Care Concerns	Address any potential member safety issue	Continue to trend QOCCs by provider and by category and address any patterns Continue to work with individual providers on corrective actions if a QOCC is substantiated Educate providers about the QOCC process	6/30/14			